## FEC FORM 3

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## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

15 OCT 15 AM 9: 25

Office Use Only

| 1.                          | NAME OF<br>COMMITTEE (in full)                      | TYPE OR PRINT       |  | Example: If over the line | typing, type<br>s.   | 12FE4M5              |                                 |
|-----------------------------|---|---------------------|--|---------------------------|----------------------|----------------------|---------------------------------|
| В                           | rad Carson for Senat                                |                     |  |                           |                      | 1 1 1 1 1 1          |                                 |
| !<br>                       | ! <u>iii</u>  | <del></del>         | <del></del>                              | <u>-1 -1 -1 -1</u>        | <del> </del>         | <del></del>          | <del></del>                     |
| <b></b> _                   | <u> </u>  | . 3103 Callanan F   | <u> </u>                                 |                           | <del></del>          |                      | ! - <del> </del>                |
| ADDRESS (number and street) |   |                     | 1 1 1 1                                  | 1 1 .1 .1                 |                      | 1       1            |                                 |
|                             | Check if different                                  |                     |  | 1 1 1 1                   | 1 1 1 1              | 11111                |                                 |
|                             | than previously Claremore reported. (ACC)           |                     |  |                           |                      | OK 740               | 019                             |
| 2.                          | FEC IDENTIFICATION NUMBER ♥                         |                     | спу▲                                     |                           | STATE A              |                      | ZIP CODE                        |
|                             | C c00391854   |                     | 3. IS THIS<br>REPORT                     | ^                         | NEW<br>(N) <b>OR</b> | AMENDED<br>(A)       | STATE ▼ DISTRICT  OK 00         |
| 4.                          | TYPE OF REPORT (Choose One)  (a) Quarterly Reports: |                     | (b) 12-Day <b>PR</b>                     | E-Election                | Report for the:      |                      |                                 |
|                             |   |                     |  | Primary                   | (12P)                | General (12G         | i) Runoff (12R)                 |
|                             | April 15 Quarterly F                                | Report (Q1)         |  | Convent                   | ion (12C)            | Special (12S)        | 1                               |
|                             | July 15 Quarterly R                                 | eport (Q2)          |  |                           |                      |                      |                                 |
|                             | X October 15 Quarter                                | ty Report (Q3)      | Election o                               | n<br>n                    | / B /                | Y                    | in the<br>State of              |
|                             | January 31 Year-En                                  | d Report (YE)       | (c) 30-Day POST-Election Report for the: |                           |                      |                      |                                 |
|                             |   |                     |  | General                   | (30G)                | Runoff (30R)         | Special (30S)                   |
|                             | Termination Report                                  | (TER)               | Election o                               |                           | M /                  |                      | in the<br>State of              |
| 5.                          | Covering Period <sup>M</sup> 07                     | M D D               | Ž015                                     | throu                     | ngh 09               | / b b /              | y y<br>2015                     |
| l ce                        | ertify that I have examined th                      | is Report and to t  | he best of my i                          | knowledge a               | and belief it is t   | rue, correct and co  | omplete.                        |
| Тур                         | e or Print Name of Treasurer                        | 1                   |  |                           |                      |                      |                                 |
| Sigi                        | nature of Treasurer Mr. i                           | Brad Carson ) fil   | Vars                                     |                           | ı                    | Date 10              | 03 2015                         |
| NO.                         | TE: Submission of false, errone                     | eous, or incomplete | information ma                           | y subject the             | e person signing     | this Report to the p | penalties of 2 U.S.C. §437g.    |
|                             | Office<br>Use<br>Only                               |                     |  |                           |                      |                      | FEC FORM 3<br>(Revised 02/2003) |